

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/713393

FILING DATE

APPLICANT(S)

4/07

11/8/67

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		
3				1		1
4				1		1
5				1		1
6				1		1
7				1	1	
8				1		1
9				1		1
10			1			
11				1		1
12				1		1
13			1			
14				1		1
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49						
50						
TOTAL IND.			3		2	
TOTAL DEP.			10		10	
TOTAL CLAIMS			13		12	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL CLAIMS						